

[Print to fill in the spaces next to the instructions]

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

Affidavit of Service After Commencement of Litigation

★ JAN 25 2022 ★
LONG ISLAND OFFICE

HERNANDEZ against ROSSO UPTOWN

Index No. 2:20-cv-04026-JMA-SIL

STATE OF NEW YORK, COUNTY OF NASSAU ss:

I, HUMAYUN AZAD, [name of person who served papers],

being duly sworn, depose and say: I am over 18 years of age and am not a party to
his case. I reside at [your address] 40 SINTSINK DR WEST - PORT WASHINGTON, NY 11050
on 01/15/, 2022 [date of service], at 11:00 AM/PM, [time of day], I served a
true copy of the following papers: [identify papers served] ANSWER / AFFIDAVIT
FROM MICHAEL TILZANO, in the following manner. [check box that applies]

☒ **Personal Service** By personally delivering the papers to _____ [identify
person served] at _____ [address].

The individual I served had the following characteristics [check the right boxes]

Sex	Height	Weight	Age
<input type="checkbox"/> Male	<input type="checkbox"/> Under 5"	<input type="checkbox"/> Under 100 lbs.	<input type="checkbox"/> 21-34 years
<input type="checkbox"/> Female	<input type="checkbox"/> 5'0"-5'3"	<input type="checkbox"/> 100-130 lbs.	<input type="checkbox"/> 35-50 years
	<input type="checkbox"/> 5'4"-5'8"	<input type="checkbox"/> 131-160 lbs.	<input type="checkbox"/> 36-50 years
	<input type="checkbox"/> 5'9"-6'0"	<input type="checkbox"/> 161-200 lbs.	<input type="checkbox"/> 51-65 years
	<input type="checkbox"/> Over 6'	<input type="checkbox"/> Over 200 lbs.	<input type="checkbox"/> Over 65 yrs.

[describe]: Skin color _____ Hair color _____

Other identifying features, if any [describe]: _____

☒ **Mail** By mailing the same in a sealed envelope, with postage prepaid thereon, in a post
office or official depository of the U.S. Postal Service within the State of New
York, addressed to the last-known address of the addressee(s) indicated below:

☐ **Overnight Delivery Service** By depositing the same with an overnight delivery service in a wrapper properly
addressed. Said delivery was made prior to the latest time designated by the
overnight delivery service for overnight delivery. The delivery service used was
_____. [name of delivery service used]

[Name(s) and address(es) of person(s) served]

STEVEN JOHN MOSER
5 E MAIN ST
HUNTINGTON NY 11743

Sworn to before me this
14th day of JANUARY, 2022

Notary Public

HOPE ANNE WATSON
Notary Public - State of New York
NO: 01WA6169811
Qualified in Nassau County
My Commission Expires 7/2/2025

[Sign name before a Notary]

HUMAYUN AZAD

[Print your name]

6/02

TL: NUSOL # 314445019
Exp. 2/7/2029